KENTUCKY WATER PROJECT PROFILE

1.	Project Title (use title which will be identifiable by local community):
j	
2	Project Description:
	Provide a brief narrative denoting if project relates to source, distribution, treatment, storage or other)
	Project Descriptor:
	WRIS Project Number (PNUM): *
	*This number is assigned by an ADD through the respective Area Water Management Planning Council once the project profile is approved by the Council. This number ties each project to mapped/spatial information in the Water Resource
	Information System (WRIS). Project profiles without this number AND the required corresponding mapped/spatial
	information will NOT be accepted.
	Project County:
	Is it a multi-county project: Yes No
	Project Submitted By:
	Select the PWSID# from the list below:
	Available: Selected:
	0010082 None Selected.
	0020386 Include >
	0020956 0030007 0030239 < Remove
	0030660
	0040015 0040020 0040223
	0040223
2	Legal Applicant
J.	Legal Applicant:
	Water Utility which will own proposed improvements: (if different from Legal Applicant)
	Organizational Structure:
	Organizational Structure:

Authorized Official Information	
First Name:	Last Name: M.I.:
Title:	
Street Address Line 1:	
Street Address Line 2:	
P.O. Box:	
City:	State: Zip:
County:	
Telephone:	Ext:
Fax:	
Email:	
Contact Person Information	
First Name:	Last Name: M.I.:
Title:	
Street Address Line 1:	
Street Address Line 2:	
P.O. Box:	
City:	State: Zip:
County:	
Telephone:	Ext:
Fax:	
Email:	
Project Administrator Information	
First Name:	Last Name: M.I.:
Title:	
Street Address Line 1:	
Street Address Line 2:	
P.O. Box:	
City:	State: Zip:
County:	• •
Telephone:	Ext:
Fax:	
Email:	

Consulting Engineer Information	
First Name: Last Name: M.I.:	
Firm:	
Street Address Line 1:	
Street Address Line 2:	
P.O. Box:	
City: State: Zip:	
County:	
Telephone: Ext:	
Fax:	
Email:	
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4. Project Type (check all that apply): Planning Design Construction Management	
5. Project Alternatives: Please list a minimum of three: a.	
a.	
b.	
c.	
6. Special Impact(s) of Proposed Water Project:	
a. New service/improve service to unserved underserved households	
b. Number of new jobs: 0 Number of retained jobs: 0	
c. Other beneficial technical, managerial, fiscal impacts: (20 words or less)	
d. Does proposed activity relate to public health protection emergency: Yes No	
e. Does project involve regionalization: Yes No	
f. Number of systems affected/involved:	
7. Median Household Income of Service Area:	
\$ 0	
8. Project Start Schedule:	
Years 0-2 Years 3-10 Years 11-20	
9. Estimated Funding Sources:	
Estimated Local Funding Amount \$ 0	
Estimated Other Funding Amount (all sources) \$ 0	
Total Estimated Project Cost \$ 0	
10. Project Data - Water (complete all items which apply to your project)	
a. Is project related to source protection? Yes No	
Acres 0	

inking Water Facilit Is project related to Number of new surf								
Number of new surf								
		Yes	No			-		
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	•	,						
Elimination of Pub			_	_				
Number of syst	_				on			
Number of syst	tems serving	501-3,0	000 pop	ulation				
Number of syst	tems serving	3,001-	10,000 բ	populati	on			
Number of syst	tems serving	10,001	or grea	iter pop	ulation			
Interconnections								
Number of wat		-						
Number of sup			-	-				
Number of eme			ble wat	er supp	ly			
Source Water Quar		_	-					
Number of exis								
Number of exis	_							
Briefly describe why	the above it	tems ap	piy to y	our pro	ject:	7		
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	Replacement oftotal linear feet of lead, copper, asbestos-cement lines
	Briefly describe why the above items apply to your project:
e.	Management (describe)
f.	Other (describe)
g.	Date Project was approved by the Area Water Management Planning Council:

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